DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814

January 13, 1976

ALL-COUNTY LETTER NO. 76-9

TO: **ALL COUNTY WELFARE DIRECTORS**

SUBJECT: **NEW FORM FOR EXCHANGE OF UNEMPLOYMENT INSURANCE AND DISABILITY INSURANCE BENEFIT INFORMATION BETWEEN COUNTY WELFARE DEPARTMENTS AND EDD FIELD OFFICES**
REFERENCE: **OPERATIONS MANUAL SECTIONS 29-001 THROUGH 29-019**

This letter is to inform you of the development of a new form (Form ABCD 351 - copy attached) and procedures to be used in obtaining client UIB and DIB claim information from EDD field offices. The ABCD 351 will replace Form ABCD 2489 (DE) which is currently being used for benefit verification. The new form and related procedures are the results of a joint DBP/EDD study. The study involved discussions with several county welfare departments, EDD field offices, and the Family Eligibility and Grant Committee of the CWDA concerning problems associated with the current system.

The system utilizing the ABCD 351 will satisfy needs for verification of UI/DI benefits in intake, continuing, Special Investigation, and Quality Control situations. At intake, the new system will place primary responsibility upon the client for transmitting the form to and from EDD. The client will take the form to EDD for completion and the form will be returned to the county in person or by mail.

In situations involving special investigations, quality control, and in some continuing cases when deemed necessary, the form will be mailed directly to the appropriate EDD field office (after positive identification of that office). The form will then be completed by EDD personnel, and mailed back to the county welfare department.

Detailed procedural instructions for the use of Form ABCD 351, and other related information, are being developed and will be forwarded to counties on or about January 20, 1976. Initial six-month supplies of the new form will also be sent at that time Implementation of the ABCD 351 system is expected to commence about February 16, 1976. Manual regulations changes regarding these new procedures will be forthcoming.

If you have any questions regarding Form ABCD 351, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

KYLE S. McKINSEY
Deputy Director

Attachment

cc: CWDA

COUNTY WELFARE DEPARTMENT UIB/DIB PAYMENT VERIFICATION

Section A – Claimant or CWD

Claimant Name _____

Claimant SSA No. _____

Section B – CWD

Payment(s) for which verification requested:

☐ This Payment (payment received this visit) ☐ Payment(s) made in month of _____

☐ For Special Investigations and Quality Control Only

Payment Data needed for Dates:

From _____ To _____

Is Documentation of Correct EDD F.O. attached? ☐ Yes

Is Postage Paid return address envelope enclosed? ☐ Yes

REMINDER: COMPLETE BACK OF CARD

Section C – EDD

WBA _____

DATE PAID	AMT. PAID	REASON, IF NOT PAID	
			☐ UI
			☐ DI
			☐ DI–VOL
			☐ INTERSTATE
			LIABLE STATE
			☐ INVALID

F.O. ADDRESS STAMP _____ DATE _____ INTERVIEWER INIT. _____

ABCD 351 (12/75) STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY, DEPARTMENT OF BENEFIT PAYMENTS

RETURN THIS FORM TO:

Eligibility Worker _____

Case Name _____

Case Number _____

CWD ADDRESS

_____

_____

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